

# Counseling Issues

---

**Physician waiver**

The medical director may adjust or waive at any time after admission, by medical order, the minimum number of minutes of counseling services per calendar month. Documentation of the medical director's *rationale* for the medical order to adjust or waive counseling services must be in the patient's treatment plan.

*Rationale is defined as a rational statement of principles or the logical basis for a procedure. The definition is from the 27th edition of "Dorland's Illustrated Medical Dictionary."*

---

**Progress entries**

When signing and dating progress note entries, each entry must be identifiable to the individual making the entry by their full signature. Full signature means the first and last name of the individual.

---

**Documentation of fewer services**

If a patient receives fewer services than required by the treatment plan due to circumstances beyond the program's control, the program must document the efforts to deliver the services and the outcome of those efforts.

---

**Reference**

California Code of Regulations, Title 9, Section 10000(a)(22)  
California Code of Regulations, Title 9, Section 10345(b)(3)(B)  
California Code of Regulations, Title 9, Section 10305(f)(1)  
California Code of Regulations, Title 9, Section 10345(a)

---

# Treatment Plans

---

## Initial

*The initial treatment plan must be completed prior to the first initiation of the 50 minutes of counseling.*

The initial treatment plan shall not be completed prior to the patient's admission date. According to federal regulations, the primary counselor shall develop, implement, and evaluate the patient's initial treatment plan immediately after the patient is stabilized on a dose or within 4 weeks after admission, whichever occurs first.

In addition, state regulation defines the beginning of a treatment episode as the date the patient receives his or her initial dose of an approved replacement narcotic therapy medication (See March 9, 1998, issue). Therefore, no treatment planning or counseling notes shall be conducted prior to the patient's admission date.

---

## Patient acceptance

*The patient is no longer required to sign and date to signify acceptance of the initial and updated treatment plans.*

---

## Physician review

*A new medical order with the objective of reducing the dosage level is not required as part of the treatment plan review.*

---

## Disallowances

There is a concern that erroneous Medi-Cal payments will be recovered or recouped because Title 22 regulations state treatment plans must be completed once each 90 days and Title 9 states once every three months. Please note that Title 22 regulations are clear when they refer narcotic treatment programs to Title 9 regulations for compliance with treatment plans.

---

## Reference

Code of Federal Regulations, 21 CFR, Section 291.505(d)(3)(iv)(A)(2)  
California Code of Regulations, Title 9, Section 10345(a) & (b)(3)  
California Code of Regulations, Title 9, Section 10305(e)(4)  
California Code of Regulations, Title 9, Section 10305(f)  
California Code of Regulations, Title 9, Section 10305(f)(2)  
California Code of Regulations, Title 9, Section 10305(f)(4)  
California Code of Regulations, Title 22, Section 51341.1(h)(2)(B)

---

# Courtesy Dosing Issues

---

## **30-day limit**

Title 9 regulations limit the number of days a patient may be courtesy dosed at another narcotic treatment program. The regulations state that a patient may receive a courtesy dose for a maximum of 30-days and not be discharged from the primary program. However, if a patient is courtesy dosed because of incarceration, employment, travel, or other reasons beyond 30 days, the program may consider two options:

- ▶ Discharge the patient from the current program so the patient may be admitted to the visiting program (if available); or
- ▶ The program physician may request an exception to regulations to grant the patient an extension beyond the 30-day limit with prior approval from the Department. The primary program shall still be responsible for adhering to Title 9 requirements for counseling and monthly body specimen testing.

---

## **Detox patients**

Patients who are receiving detoxification treatment may be courtesy dosed at another program during the 21-day treatment episode. All courtesy dose procedures must be followed as defined in Title 9, Section 10295.

---

## **Traveling with take-home medication to foreign countries**

Patient's traveling to foreign countries and transporting methadone should research the laws of the country(ies) the patient will be visiting.

---

## **Reference**

Health and Safety Code, Section 11876(a)(7)  
California Code of Regulations, Title 9, Section 10295

---

# Inspection Issues

---

## Introduction

The following issues provide regulatory interpretation for licensed narcotic treatment programs:

- ▶ Take-Home Exception Documentation
  - ▶ ADP Forms used by Programs
  - ▶ Protocol Changes - Saturday Holiday
  - ▶ Discharge Summary
  - ▶ Alarm Tests
- 

## Take-Home exception documentation

The Department has modified its process when a program physician requests an exception to regulations. ADP no longer requires submission of documentation (i.e., airline/transportation tickets or other evidence supporting a conflict with clinic attendance) as a basis for approving an exception. If the program physician deems the patient responsible in handling the medication and complies with all state and federal regulations, no additional information is needed. However, a copy of FDA approval must be attached to your request if so specified on form ADP 8045 (rev. 5/98).

---

## Program reporting forms

The forms currently issued by the Department upon licensure are:

- ▶ ADP 8035 - Death Report
- ▶ ADP 8045 - Physician Request for an Exception to Regulations

These forms are furnished by the Department and must not be modified for program purposes. Copies of these forms are available as camera ready. To request your copy, please call the NTPLB at (916) 322-6682.

---

## State Holidays

Title 9 lists the official state holidays on which special take-home rules apply. A program may, upon prior approval of the Department, exchange a state holiday for any other day of local or ethnic significance.

---

*Continued on next page*

# Inspection Issues, continued

---

**Discharge summary**

A patient's death report and summary on Form ADP 8035 may not be used as the patient's discharge summary. A discharge summary shall include:

- ▶ the patient's name and date of discharge;
- ▶ the reason for the discharge; and
- ▶ a summary of the patient's progress during treatment.

The death report (ADP 8035) does not address these issues and programs will be cited for utilizing the death report as a discharge summary.

---

**Alarm tests**

It is the Department's practice that a program's alarm system be tested by the field analyst during his or her annual inspection, unless the program has evidence on file that an alarm test was conducted within the prior three (3) months and it is documented by at least one of the following:

- ▶ a report of an administrative inspection conducted by the Drug Enforcement Administration;
- ▶ a summary sheet from the central protection alarm service listing the dates of entry and/or summary of alarm tests;
- ▶ a written response from the alarm company regarding a program incident or police report which addresses the emergency activation of the alarm system; or
- ▶ a telephone number from a current contract or agreement with the central protection alarm service so that the field analyst may verbally confirm the date of the last alarm test.

When necessary, the test of the NTP alarm system will be conducted by the field analyst in a reasonable manner in order to limit interruption to the delivery of treatment services.

The Department recommends that an alarm test be conducted with the central protection alarm service on a quarterly basis.

---

*Continued on next page*

---

**Inspection Issues**, continued

**Reference**

Health and Safety Code 11876(a)(2)

Code of Federal Regulations, Title 21, Sections 1301.72 and 1301.76

California Code of Regulations, Title 9, Section 10025

California Code of Regulations, Title 9, Section 10380(d)

California Code of Regulations, Title 9, Section 10415(g)

California Code of Regulations, Title 9, Section 10265(a)

---